



Birthingway College of Midwifery
 12113 SE Foster Road
 Portland, Oregon 97266
 503-760-3131

Consent to Release Confidential Information

Birthingway College must follow all applicable State and Federal laws (Family Educational Rights and Privacy Act, FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except: Upon express written consent of the student; In compliance with a judicial order or lawfully issued subpoena; To provide necessary information to school officials with legitimate educational interest; and/or To notify appropriate officials in cases of health and safety emergencies.

 Student's legal name: First MI Last

 Date

I hereby authorize a two-way disclosure for Birthingway's ADA/Section 504 Coordinator to release information to and to request information from:

Name: _____ Agency or Relationship: _____
 Phone: () _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Method of Disclosure: (check all that apply)
 Verbal Written Email

Specific Information to be Released:
 Disability accommodations Disability diagnosis and related limitations
 Other (specify): _____

Purpose of Disclosure: _____

This authorization is valid until ____/____/____

I understand that I may revoke this authorization at any time in writing.

 Student Signature

Please submit this completed release directly to Amari Fauna.